

# CALIFORNIA HOMŒOPATH.

A BI-MONTHLY JOURNAL, DEVOTED TO THE INTERESTS  
OF HOMŒOPATHY ON THE PACIFIC COAST.

Terms, - - One Dollar per annum,  
PAYABLE IN ADVANCE.

Vol. 1.

SAN FRANCISCO, JULY 15, 1883.

No. 5.

ALL COMMUNICATIONS, BOOKS AND JOURNALS TO BE ADDRESSED TO THE EDITOR,

WM. BOERICKE, M.D., 323 Geary Street.

Or Care of BOERICKE & SCHRECK, Publishers.

234 Sutter Street.

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## THE PROPHYLAXIS OF PHTHISIS PULMONALIS

By G. H. MARTIN, M.D., Honolulu, H. I.

The old saying, "an ounce of prevention is worth a pound of cure," is too true to need any comment; but the difficulty is, to find what the ounce of prevention consists of. All diseases, as well as all physiological laws, have their primary cause, and in case of disease, it is the duty of the physician to find the cause and remove it if possible, otherwise, it will continue until complete dissolution of the parts, wherein it may be situated, has taken place. There are but few diseases that give us any warning of their existence, until they are well developed, and, therefore, in the individual case it would be impossible to prevent them. Here, however, we have a morbid condition which enumerates more victims than any other three combined, and is every year taking away vast numbers of the civilized world. Yet, notwithstanding its fearful ravages, it gives us more opportunity to combat it, and arrest its progress than any other with which we have to deal. Such being the case, we should use all the means in our power, and spare no labor in finding new remedies for its prevention. To be sure, we can not always do as we would like, in the treatment of our patients, and thus our best efforts are often baffled, yet I do think, if we studied this condition more carefully in all its phases, we could do much more to prevent it than is now done.

Before considering the prophylaxis of "phthisis pulmonalis," let us first turn our attention to the morbid condition itself. The word phthisis is derived from the Greek word to consume. Virchow considers two forms of the disease; first, the tuberculous, in which the tubercles are the direct result of chronic pneumonia; and second, that the consumption of lung tissue, and the formation of cavities, are much more frequently the result of chronic inflammation, than of tubercular deposit. Niemeyer says, in confirmation of this theory, "that in the majority of cases in which tubercle exists in a phthisical lung, the tuberculosis is *almost always* preceded by a pneumonic process, which, by caseous degeneration of its products, has prepared the soil for the growth of tubercle." He further says, "The consolidation and destruction of the lungs, which form the anatomical basis of consumption are *usually* the products of inflammatory action, and the greater the quantity of cellular elements collected in the

vesicles, and the longer the duration of the inflammation, so much more readily will pneumonia lead to consumption, since these are the conditions most favorable for caseous infiltration. Secondly, pneumonia resulting in caseous infiltration, occurs most frequently, but not exclusively, in puny, badly nourished subjects. This is partially because such persons are especially delicate, and in part because all inflammatory nutritive disorders, by which they may be afflicted, show greater tendency to copious cell formation, with subsequent caseous degeneration." Lænnec, and most modern teachers, recognize only one form of the disease, the tuberculous, and that the tubercle which is the specific peculiarity of the condition, is the exciting cause of the inflammatory action.

That many persons have phthisis pulmonalis who have never had a preceding pneumonia, and that tubercles were present in their lungs, is a fact; and while Niemeyer says that "tuberculosis is *almost always* the result of inflammatory action," he does not say that it is so in every case, and therefore leaves a large number in which the tubercle is found in the phthisical lung, the presence of which cannot be accounted for. This gives Lænnec and his followers a strong point in favor of their theory, and one which cannot easily be broken down.

It is, however, most important that we should know which theory, if either, is correct, in considering the prophylactic treatment of this condition. If Virchow and Niemeyer are right in their theory, then it is obvious that all of our cases of pneumonia, bronchitis, and even simple nasal catarrh, should be treated with great care, and we should see that our patients are perfectly cured, and that no trace of inflammatory action remains, before they are allowed to pass from our hands. If a simple nasal or laryngeal catarrh continues for a length of time, it will, under favorable circumstances, extend to the bronchial tubes, and into the parenchyma of the lungs, and tuberculosis and pulmonary consumption be the result. That most common disease, measles, which almost every child has, should also be treated *to the end* with the greatest care, for the catarrhal symptoms are sometimes very severe, and it is too frequently the case that they are not properly cured, and often, in a short time, unmistakable symptoms of phthisis manifest themselves, and then the end is not far distant.

If, however, the tubercular theory be correct, we will then have to take a step farther back and consider the origin of tubercle, the investigation of which has just been commenced. We have, as yet, nothing certain as regards its origin, and until we have it would be useless now to discuss it. The bacterial theory has been proved by inoculation, by one observer, and at present the scientific world are eagerly watching the investigations of several others in that direction.

When, from any cause, a tubercle is once formed in the body, it seems to be wonderfully prolific in generating its kind, and, under favorable conditions, will spread rapidly through an organ, until complete degeneration has taken place. As the inflammatory action continues, the tubercles change form and undergo caseous metamorphosis. The cheesy infiltrations generally break down at an early stage of the disease, and form cavities, the purulent contents of which are discharged into large open bronchi by perforation through its coats. If the bronchial mucous membrane has undergone no profound structural change, it is the seat of a catarrh whose



profuse secretions are full of young cells. It is from this bronchial catarrh that the greater part of the expectoration of a phthisical person comes.

The pneumonitory symptoms of phthisis are generally slight and seemingly unimportant, so that they may not be noticed by the patient until they have continued for some time; and when, after a while, a physician is consulted, he, too, is liable to be misled by the symptoms, and will not then recognize the true condition. If, however, the symptoms are allowed to go on, they will increase rapidly, with their long train of evils, until, finally, the patient has to succumb to its effects. The disease is well named consumption, for it actually consumes all living tissues and all vital forces, and its course cannot be arrested after it has once become firmly seated, until vitality itself is so exhausted that the patient can no longer live.

The first and most important of all causes of phthisis pulmonalis is heredity. There is a mistaken idea, which most physicians hold, that for an abnormal condition to be hereditary it must actually be transmitted from parent to child. This is obviously wrong, for many reasons. In the first place, it does not appear that a child is ever born with developed tuberculosis; and again, many persons have consumption, whose family history for two or three generations, or as far back as they know, has been perfectly free from it. We will often find, however, that ancestors had been predisposed to this condition, but, owing to right living and care, it had never been fully developed; but children of such parents being also predisposed, and not being able to endure the same vicissitudes of life, are more liable to its full development. As the children of exceedingly nervous parents are often epileptics, or become insane, so the children of parents who have weak lungs, or a tendency to pulmonary inflammation, are, under favorable circumstances, very liable to phthisis pulmonalis. The predisposition to any organic structural change on the part of the parent seems to increase in the children with every successive generation, instead of decreasing, and an almost insignificant abnormality may take root and increase through successive generations, until it becomes the most formidable of diseases. The old Spartan custom of allowing but the strong to live, was a good one, and it would be better for many to-day if it were now in vogue. However, we cannot prevent puny children from living, so we must accept the conditions as we find them, and do the best that we can for future welfare of the race.

Hereditary phthisis is most apt to manifest itself between the age of puberty and forty-five.

When we are called upon to treat a patient having a slight but persistent hacking cough, with loss of appetite, a languid, dull feeling, and wandering pains in the chest, we should be very careful in our examination, and find out the whole history; and if, from that examination, we have reason to suspect phthisis in its incipient stage, then is the time to act, and act decisively. We must first look at the profession or occupation of the patient; if it be one that has a tendency to weaken his vitality, from exposure or too severe and exhaustive labor, or if it confine him too closely indoors, it should be changed, for we have to guard carefully against anything which of itself tends to lower the vitality, for the disease being of such a character, would make rapid strides upon the already weakened body. After this is attended to, then come the hygienic measures, which are so absolutely necessary in the prophylactic treatment of this disease. Exercise out of doors is all-important, but it should never be carried to excess, and whatever exercise he takes, he should always stop short of fatigue. The point is to husband the strength, and not waste it in doing things that may be avoided. The patient should early be taught the method of exercising the lungs, and the muscles of the chest, by frequently taking long, deep inspirations, with equally long expirations. This is very important, for it is the means of expanding the lungs to the utmost, and gives the air a chance to permeate thoroughly through them, and it will also break down any slight adhesions that may be there. After practicing this a little while the patient will feel much invigorated, and the sense of inability to expand the chest, which is such a constant symptom in these cases, will pass away. Gymnastic exercise of all kinds are of great importance, if used with caution. Anything which has a tendency to engage the lungs, such as violent running or severe athletic exercise, should be strictly avoided; also, remaining

in crowded rooms, or rooms filled with smoke or dust, or the breathing of cold air directly into the lungs; for all of these things are liable to produce hyperæmia, with subsequent inflammation. Good, substantial food, and plenty of it, is most important of all, and great care should be taken not to derange the digestive system, for if that is disordered our main stay is gone. Next to food, rest is all-important; late hours should be avoided, and all the sleep that is possible should be taken.

If, after having followed these directions, with the employment of the indicated remedies, the trouble still continues, there is but one other thing left for us to do, and that is to prescribe a change of climate. This should not be done too late, for it is criminal to send a patient away from home in the last stage of phthisis among strangers, and away from the comforts of life, where they will surely die; yet it is too often done. The climate should be mild, and of as even a temperature as possible, but should neither be too hot or too cold; it should also be invigorating and not depressing. Patients are sometimes sent where it is warm in the winter, and the physician thinks that that is all that is necessary; but there is nothing invigorating about the atmosphere, and all the good that it does is to make them feel better for a short time, and then helps them die more easily. A climate that would suit one person may not suit another, so we cannot send them all to one place, but must learn to discriminate our cases very carefully. A change of climate will sometimes arrest disease, so that the patient is never troubled more with it so long as they stay in that place, but let them come back to their old home, and after a little the old trouble will surely return. It may be seen from this that climate suited to the patient is one of the most efficient remedies that we have, and it may also be the most harmful, if not properly applied.

It is sometimes asserted that cases of phthisis are sometimes cured by a change of climate; but when a tubercle is once formed in the body, it is never disintegrated and absorbed, but will, unless inflammation supervene, retain its same integral parts, and remain in the lungs through the life of the individual. The disease sometimes goes so far as the formation of cavities; but by a favorable change, other things also being favorable, they may be sealed up, the pus absorbed, and no further trouble realized. Yet the cavities will always remain, and healthy lung tissue will not be formed in their places, even in the most favorable cases and under the most favorable circumstances.

The question, "Is consumption contagious?" has been discussed much lately, and a large number of authentic cases brought forward to prove the affirmative, while others still claim that it is not. It is, as yet, a mooted question; but it is best, I think, to strictly prohibit a well person from rooming with a phthisical person.

I have now considered briefly the most important points in the prophylactic treatment of this disease, as far as can be done with our present knowledge of its origin. As the investigations of science progress, we may in the future know more of it. If the bacterial theory were proven, then we would have a most merciful deliverer from its ravages in vaccination. This, however, is in the future; and at present we will have to deal with it as our means suggest. Homœopathy has done and will do a great deal in the preventive treatment; and if vaccination should some day be performed for its prophylaxis, it will still be in accordance with the great law of "*similia, similibus curantur*," of which we are all earnest and faithful students.

#### THE RELATIVE VALUE OF HOT AND COLD APPLICATIONS IN THE TREATMENT OF EYE DISEASES.

By A. H. PETERSON, M.D. San Francisco.

I wish to present a few practical remarks upon the influence of temperature upon eye diseases, through the medium of hot applications, poultices, fomentations, etc., and cold applications, ice-bags, etc.

In general practice it often happens that external applications are required for the alleviation or modification of painful and annoying symptoms. The same is true in special practice, and particularly in eye troubles. In the former, as



care is necessary, extreme caution must be exercised in the latter.

The influence of heat and cold as adjuvants in the treatment of general diseases, and results obtained thereby, are not a criterion for the use of the same in diseases of such a delicate organ as the eye. Nor can we always be guided by the sensations of the patient, save as an indication in the selection of the internal remedy.

But I wish particularly to speak of those serious conditions of the eye, as trauma and cornea inflammation, tending toward suppuration. It is amazing, with our light upon the subject, that educated physicians persist in prescribing hot poultices for eye troubles of all sorts and conditions. I do not under-rate the value of hot poultices and fomentations, when used properly, to allay pain and irritation in superficial eye troubles, yet not one case in a thousand where the cornea is deeply involved, but is not harmed, or even destroyed, by such treatment.

Cases continually present themselves for relief when there can be no relief; a hot poultice and a shrunken and atrophied ball is a sad commentary upon the zeal of an intelligent physician's treatment.

In destructive inflammation of the eye, our aim is to limit the suppurative process, not to promote it. Heat favors the rapid production of pus, and the delicate structures of the eye, breaking down already rapidly enough, there is only needed a hot poultice to rupture the cornea, and clean out the lens and vitreous humor.

Experience in eye hospitals has shown that lowering of the temperature is the proper treatment in subduing active inflammations; the same when resulting from wounds, croupous and diphtheritic conjunctivitis; also, after suppuration has taken place, even when a hazy, smoky appearance at the edge of an incision, after cataract extraction, denotes approaching suppuration.

Cold applications, in form of cloths wrung out of ice-water, or, better, rubber bags filled with ice, continued day and night till healthy action appears, are oftentimes the only salvation in desperate cases. Of course, extreme care is to be exercised with cold, that it be not too long continued, and so destroy the recuperative powers, nor that it be discontinued too soon, or irregularly applied, that a profound reaction may prove disastrous.

### UTERINE CERVICITIS.

By G. E. DAVIS, M.D., San Francisco.

To attain success in any pursuit in life, especial attention must be given to the minute details. The field of gynecological science is so vast and comprehensive that the general practitioner cannot expect to have much more than a general knowledge of the symptoms and manipulations necessary to enable him to arrive at a diagnosis and treatment of the more common forms of diseases peculiar to women. The textbooks contain only a brief reference to the detailed accounts of larger operations, or refer to the minor details and manipulations pertaining to gynecology, while the really necessary points, the practical parts, are absent, and can only be obtained with many annoyances in the course of one's practice, or by a general reading of the periodic publications from month to month, or after many attempts and failures at the bed side or on the operating table.

Many an error might be avoided, and many a manipulation rendered easy for physician and patient, if the sources of possible error, and the details of manipulation were clearly laid before the operator.

Too much care and painstaking can not be used at our first interview with our patient, for it is not the larger operations the general practitioner needs, these he can study up for his special cases, but a good, general knowledge of local examinations, digital and instrumental; of the more common forms of disease, and minor operations he is liable to meet in his daily practice.

Postulating my subject with these remarks, I desire to call your attention to the subject under consideration, Uterine Cervicitis, or, as it is more commonly named, Chronic Cervical Endometritis, Cervical Catarrh, Cervical Leucorrhœa, and Endo-cervicitis.

This form of disease is one very commonly met with, and with very few exceptions, confined to married life, or to those who have borne children.

While an acute inflammation has a marked tendency to effect the entire uterus, and to involve both cervix and body, "the chronic form being of a lower grade of intensity, strictly confines itself to the mucous membrane, and limits itself to the body or cervix." Such limitation is not, however, universal, but may implicate subjacent parts, and, at times, the mucous membrane of the entire body may be equally and at once involved.

By the expression "chronic cervical endometritis," is meant a chronic inflammation of the mucous membrane, extending from the os internum to the os externum.

The frequency of this disease is shown by quoting from Thomas, who says: "Of all diseases of the genital system of the female, this is, without doubt the most frequent, and although not in itself a disease of dangerous character, may prove the starting point for some of the most serious and rebellious of uterine disorders."

Byford says: "Inflammation, limited or confined to the cavity of the cervix, is an extremely common form of disease. By far the greater number of instances that have come under observation in practice were inflammation of the membrane around the os, and inside the cavity of the cervix. I fear this statement represent a fact that has not been generally apprehended by practitioners."

From Sir J. Y. Simpson we have the statement, "That probably there is no uterine ailment that you will be called on more frequently to treat than inflammation of this region, in one or the other of its varied forms."

In our own school, Eaton says that this disease is, perhaps, the most common disease of woman to-day, coming under the care of the general practitioner almost daily. I will not say they are always recognized; on the contrary, they are very often overlooked. They produce so many sympathetic affections that they are very often mistaken for the disease, and the real ailment is lost sight of."

Having shown its frequency, and thereby the necessity for care in making our diagnosis, let us see what symptoms it presents. Owing to the slight amount of sensibility possessed by the cervix, inflammation may be present without attracting the attention of the patient.

The first and most prominent indication is a more or less profuse leucorrhœa, coming from the os externum, the discharge resembling boiled starch or thick gum water, often irritating the vagina and vulva to such an extent as to produce inflammation in them. The patient will complain of a severe dragging sensation about the pelvis, accompanied by pain in the back and loins, increased by muscular effort or exercise. The menstrual functions are irregular, taking either the form of menorrhagia or dysmenorrhœa. The flow may be regular or diminished in quantity, and may pass away without any pain, being in the generality of cases rather free and attended with pain. Before the disease has been long seated we have reflex symptoms of a constitutional nature. She will become nervous, irascible, moody, and often hysterical. Her appetite will diminish and digestion grow feeble, so that impoverished blood will soon be observed as a result of impaired nutrition," in fact she suffers from a dysuria which you vainly try to relieve by all the sedatives in the pharmacopœia, says no less an authority than Simpson, or the pain may be experienced in some of the more favorite seats of neuralgia, due to uterine disease, as in the spine, or under the mamma, or most frequently of all, over the sacrum. To make a correct diagnosis a physical examination is absolutely necessary, and by the use of the speculum alone can you hope to gain a true insight into the malady you are dealing with.

On attempting to use the sound, great tenderness is met with, so much so as to sometimes forbid its complete introduction.

The os may be enlarged, its lips puffed and roughened, and from it will exude a long string of tough, tenacious mucus, closely resembling the white of an egg, so viscid and resisting that it cannot be drawn from the canal.

Eaton says: "The positive diagnosis rests on the specular examination, revealing the lips of the os of a bright red color internally, and the leucorrhœal discharge coming from the os, the tenderness on introducing the sound as well as the flow of



blood often produced by its introduction, however gently it may be done."

Barrenness is a common result of the disease, and a fact that causes much dissatisfaction.

The disease most likely to be confounded with chronic inflammation of the cervix, is carcinoma in the same locality.

The symptoms of the one disease very closely resemble the symptoms presented by the other; though the pain of carcinoma is usually more intense and constant, the menorrhagia more irregular and excessive, and the leucorrhœal discharge more fetid and irritating. Great care should be taken to note the exact condition of the cervix. In both forms of disease you may find the cervix enlarged and thickened and hard and presenting some irregularities on its surface. Simpson lays great stress upon the following differential diagnosis between the two diseases.

He says: "Carcinoma is liable to pass speedily from its primary seat to invade the neighboring tissues, which imparts a fixity to the cancerous uterus; while the exploring finger can pass free up along the cervix uteri, and perhaps feels the vaginal portion elongated and indurated, yet freely movable in the inflammatory form."

Ludlum offers a new diagnostic test, which, he says, has been of great help to settle the difference between them. He simply uses the cotton tampon saturated with pure glycerine. If the enlargement is due to the plain, uncomplicated servicitis, the depletion by means of the glycerine will soon lessen the size of the uterine cervix very perceptibly. If, however, the swollen state of the cervix arises from cancerous infiltration, or from an interstitial fibroid, the glycerine will not sensibly diminish its bulk.

The causes producing these diseases are various, and sometimes inexplicable, but are so thoroughly enunciated in the text-books that I will not take up your time by recapitulating them here.

The treatment is to be considered under two heads—local and constitutional. Of the two I consider the constitutional treatment to be the most important, remembering that in this, as in all other maladies, the totality of symptoms can alone guide the physician in the choice of his remedy.

Thomas says: "Appreciating highly, as I do, the value of local treatment in uterine affections, were I in the management of the disease limited entirely to one kind, local or general, I do not hesitate to say that I would infinitely prefer the latter."

The health being impaired, appropriate hygienic and dietetic means must be employed to restore the general impairment of the system. Each case must be a study, and treated according to the peculiarity of the conditions it presents.

Many patients may need a better and more nourishing diet, while among the better class of patients an entire change of diet may be demanded, restricting them to the use of fish, chicken and other white food, strictly forbidding the use of any stimulants. A cheerful, warm and sunny bed-room should be insisted upon, in which the temperature should not be allowed too high. Every day, unless some particular condition exists forbidding it, the patient should take fresh air, either on foot or by carriage. If unable to do this, some means must be devised by which fresh air should be allowed to freely circulate in her bed-room, say for two or three hours daily, taking care to carefully protect the patient in the meantime.

I have found horseback riding to be of great assistance as soon as the patient becomes sufficiently convalesced to bear that exercise.

**Local Treatment.**—Hot water is one of the best and most indispensable agents in the management of cervicitis. It is really curative from the soothing, stimulating and emollient influence exerted upon the local derangement. It is best applied by means of a syringe directly to the os and cervix, at as high a temperature as the patient can comfortably bear. The fountain syringe, from its extreme simplicity and easy use, is one of the best in uterine diseases. With the hot water may be combined acetate of zinc, glycerine, boiled starch, linseed and slippery elm infusions. This plan alone will suffice in the simple forms, or in those forms that have not advanced to the production of granular degeneration or hyperplasia. Should this plan not succeed we may feel called upon to use more active means, and must employ daily the use of tents, either

of cotton, sponge or sea-tangle, medicating them either with bell. and glycerine, equal parts, or hydrastis and glycerine, or glycerine alone, and sometimes glycerine and iodine, in strumous patients, where there is little tenderness and much discharge. Sponge and sea-tangle tents are recommended as of great utility prior to the use of the cotton tents. They serve a good purpose in opening the cervix for the escape of fluids, and act as an alterative agent on the diseased membrane. Care should be taken to always cleanse the cervix of blood and mucus after withdrawing the tents.

Where there is cervical engorgement and enlargement, without erosion or ulceration, the application of pledgets of cotton batting, saturated with the best glycerine, directly to the cervix, is one of the most important adjuncts, little if any inferior to the use of hot water. The cotton is best applied at bed time and allowed to remain all night, attaching a string to it to facilitate its removal. Combinations of glycerine and calendula, hydrastis, hamamelis and arnica are of great use when indicated.

Edmonds, of St. Louis, recommends a compound mixture of equal parts of glycerine, calendula and hydrastis, in cases of long standing and obstinacy. In cases characterized by a thick, tenacious and disagreeable fetor, carbolic acid, ten drops to an ounce of glycerine, applied, directed to the os and cervix, with a camels hair brush may be formed a satisfactory remedy, or a teaspoonful of the above glycerate added to a quart of hot water, makes a good vaginal injection to be used night and morning. Cerates of cocoa butter, vaseline, graphites, etc., applied through the speculum, have a very soothing effect upon those forms showing erosions or ulcerations.

Of the more severe caustics and cauteries I have had no experience, and will only repeat what Emmet says, "They will ruin any woman and most likely render her sterile."

The remedies are aurum, bella., bovista. calc., cinnebar, china, conium, graph., kali bich., kreas, lycop., merc., nitric acid, platina, puls., sulph., sepia, staph., and thuja., according to their indications.

## IS ALLOPATHY A "REGULAR AND SCIENTIFIC SYSTEM?" AND IS HOMŒOPATHY "A FRAUD AND A HUMBUG?"

By JOHN F. GEARY, M.D.

(Continued from page 29, May Number, 1883.)

Sir William Bulleyn was at the very head of the medical profession during the reign of Edward VI, Mary and Elizabeth. By birth, a nobleman; by education, travel, privilege, natural ability and acquired information both on special and general branches of science, no one better deserved his title to the rank of a leader of "regular medicine," and the exponent of "Therapeutic Science." Yet he gravely tells us that "Figs be good agaynst melancholy, and the falling evil, to be eaten!" Figs, nuts, and herbgrace do make a sufficient medicine against poison or the pestilence!" For nervous diseases of children he has left us, as a scientific legacy—"a small, young mouse, roasted!" I beg further to refer the curious searcher into the science of "regular medicine" to his decoction of "snayles," "snail-broth," and the "precious water to cure a canker."—cancer—and I am sure any allopath of to-day may be proud of following in the "regular" footsteps of Bulleyn. About 1560 he had a large and lucrative practice; was a member of the College of Physicians, and died on the 7th of January 1576:—a loss to "scientific and regular medicine!"

Sir Thomas Brown left us the "Religio Medici," which though it has immortalized the doctor will hardly be quoted to bolster up the regular nostrum creed. The learned, brave and credulous Sir Kenelm Digby has done better for our "regular" friends, and crowned his many curious discoveries with that of his "Sympathetic Powder," which was not beneath the notice of solemn assemblies of the noble and learned men of France, and England's Royal Society of that day.

It is needless to enter into a description of a fraudulent nostrum that would disgrace a common mountebank, and yet it is as good as the other boasted discoveries of its day: the day when Sir Hans Sloane recommended as the best course of study for a medical student, to "read Don Quixote, as a very



good book, which he still read himself." When Sir Kenelm Digby on the 5th of June, 1753, called the attention of the Royal Society to the efficacy of the Divining Rod; the merits of the "sympathetic powder;" and related to the grave and learned men of that body "*that the calcined powder of loads reverberated, applied in bagges upon the stomach of a pestiferate body, cures it by severall applications!*" And these are a few, a very few of the "scientific" facts laid down in the 17th and 18th centuries as the foundation of regular allopathic medicine. After these it will surely be enough to name to the diligent and careful searcher after truth such great lights, and really learned men of later days as Sir Humphrey Davy, Sir Thomas Millington, Sir Samuel Garth—the scholar, the wit, the poet—who, when sitting at his wine at the club, could afford to reply to the request of a brother medico to "take no more wine, but be off to see those poor sick devils," "it is no great matter whether I see them to-night or not, for nine of them have such bad constitutions that all the doctors in the world can't save them, and the other six have such good constitutions that all the doctors in the world can't kill them."—Radcliffe, great without learning, successful without skill; Kneller, Gibbons and Blackmore; the first and greatest of whom could reply to a second summons from the bedside of the Royal Princess Anne—received whilst over his cups,—"Tell her Royal Highness that she has only the vapors, she is in as good a state of health as any woman living, if she would only think so." The apothecary whose sole business was confined to preparing his medicines died worth £50,000. Let those who would know the truth examine the therapeutic records left by these men in all their details, and then let the "regulars" boast of their "scientific" antecedents.

It would not be treating our brethren of the old "regular" forces of physic with justice without mention of one of their most potent, general and lucrative "scientific" methods of fighting disease with cold steel during the last century. And although fallen into almost complete disrepute and disuse since Homœopathy began to exhibit its globules—except among the few fossils and blockheads of the conservative school, who have been too stupid to learn and too idle to profit by experience—we must, though in sympathy, remind them of what they and their patients have lost, and how much medical lore has cause to lament! This will be fully appreciated when we remind the reader that of all popular remedies BLEEDING was the most popular and the first resorted to; and that the neglect of resorting to it at the earliest possible moment in any case of danger would be accounted, and perhaps prosecuted, as *mal practice!* Bleeding was considered so important that almost every Abbey had its "Bleeding-house," or "Flebotomaria," where, at stated periods of the year, the "brethren" were as regularly bled on the eves of fasts and feasts as they went to confession and to "blessed sacrament." There are treatises and books of instruction in abundance on this important subject, where the curious reader may learn "The limit of bleeding," "The needed qualifications of the bleeder," "The proper instruments" and "porringers," and "The rules and behavior at the bleeding of a Prince." Then one thousand pounds sterling per annum was no unusual sum made by the point of the lancet alone. When Sir Edward King was paid for bleeding the king—Charles II—one thousand guineas, is it surprising that a method of cure (?) so simple, requiring neither learning nor skill, and so personally profitable, should have acquired and held the rank of a "scientific method" almost to our own day? Profitable callings, like old prejudices, die hard. As an example, how hard, and at what expense, look in with me on that malaria-stricken room at Missolonghi and listen to those two young men, miscalled doctors; ignorant of all they should have known except the use of the lancet, as they play on the sick man's fears—rather terror of insanity—unless he submit himself, in spite of his better judgment and instinct of self preservation, to their depleting-knives. "There—you are, I see, a damned set of butchers; take away as much blood as you like, and have done with it!" Twenty ounces are at once taken. The next day the bleeding is repeated, and blisters put on his legs above the knees. And this man had for five weeks been living on toast and tea, and reducing himself with purgatives!

The patient is now "reduced:" the young knight of the lancet boasts—"I had hit at last the sensible chord," (his fears of insanity)—and the malaria and the bloodletter have done

their work. The poet, the patriot, the statesman, the scholar, the author of CHILDE HAROLD, on the 19th of April, 1824, at the age of thirty-six, yields up his life to the "regular scientific treatment" of our allopathic brethren! But, thanks to the Hahnemannian small dose, bleeding is dead to-day, never to rise from the grave in which all that is evil in human inventions shall sooner or later lie down forever.

It will be borne in mind that in Sir William Bulleyn's time the apothecary operated and ranked only as "the physician's cook." But then, as now, the "cooking" of drugs was a very profitable operation, and soon raised the cooks to sufficient consequence to enable them to obtain a charter under the name and title of "The Warden and Commonalty of the Mystery of Grocers and Apothecaries of the City of London," in the fourth year of James I.; and then in the thirteenth year of the same reign these two bodies, the apothecaries and the grocers, were disunited by another charter, and the sellers of drugs went on their own foundation. From this condition of things sprung some of the most contemptible and disgraceful squabbles in the history of medicine; characterized by ignorance, vulgarity, and dishonesty on both sides—that of the "Dispensarians" on the one hand, and the "Anti-Dispensarians" on the other—the rival factions of the regular allopathic school during the greater part of the seventeenth and eighteenth centuries. In this conflict all the highest and best of both parties will be found engaged. Their quarrels were carried on not for the purpose of making or investigating new discoveries in medicine, or the application of old physic to more healthful or more effective uses for human ailments, but for the sole possession of the vast sums of money to be drained under the regulations of a trades-union from the pockets of the people. And this was carried on till finally they were obliged to settle on a compact for mutual benefit and protection that has come down to our own day—that is, the "commission" agreed on between the doctor who is licensed to prescribe, and the apothecary whose sole right it is by law to compound and sell said prescription. Let the curious investigate the annals of the faculty during those days, and read Garth's poem, called "The Dispensary," and he will soon learn how much our opponents of the regular fraternity have to be proud of. It will, I fear, turn out to be "head in clouds, and origin in dust."

In the year 1796, an essay appeared in a German medical journal published by Hufeland, "ON A NEW PRINCIPLE FOR ASCERTAINING THE REMEDIAL POWERS OF MEDICAL SUBSTANCES." This essay was from the pen of Dr. Samuel Hahnemann, and has proved the first effective blow towards the complete and final destruction of the unholy alliance between the doctors and the druggists, and towards establishing and building up the system that must in time liberate the entire profession from ignorance and slavery to the drug trade, and humanity from a vast amount of sickness and suffering.

But this new discovery required that a single medicine only should be administered in very small doses in any given case; and as no druggist could see his interest in making up or selling the Hahnemannian prescription, he was obliged, in order to demonstrate his case, to do so himself. But the doctors and druggists of his native town and country were banded, like those elsewhere, for their mutual benefit, and, as the law gave them the sole privilege of prescribing and vending, Hahnemann was driven forth to seek a new home in a foreign land. Such was his actual guilt; such was his punishment! He openly declared to the professional world that any medicine which, being taken in health, will produce given symptoms in the human body, must, in very small doses, cure or relieve any disease indicated by a train of similar disturbances. That this is a general law which applies to all medical substances; that it is within the sphere of every medical and intelligent layman to demonstrate this new principle for himself, and to prove whether "*Like cures like,*" or, SIMILIA SIMILIBUS CURANTUR is the fitting formula to describe his new discovery. Every one knows how it has grown and prospered; and that this growth and prosperity has been in spite of both doctors and druggists everywhere, and that the love of pecuniary gain alone has prompted all their opposition. We have since the first days of the new discovery persistently invited, challenged and dared them to the trial of strength, but in vain. Insult, obliquy and persecution have been their answer. It is some comfort to know, however, that they treat us no worse



to-day than they treated each other in the days of the dispensarian and anti-dispensarian factions; and simply for the same reason—their craft is in danger, and by that craft they have their gains.

Let us now for a moment cast a glance at the advancement of "regular medicine" towards scientific triumphs since Hahnemann's discovery, and let the evidence come from its leading men in these last days as in those of former years.

The son of a West India planter was elected a licentiate of the Royal College of Physicians of London in the year 1769. This man was the Quaker doctor, Isaac Lettsom. His language was the "thee and thou," and he wore the plain drab garb of his people; in which dress he was privileged to kiss the hand of George the third, among the great nobles and courtiers of England; nor was he required to wear powder on his head, nor a sword at his side; he was the personal friend of the king; he was master of all the medical learning of his time; he died in 1815; he had enjoyed the highest rank in the profession, the fullest and largest confidence of the people; they paid him as much as £12,000 (\$60,000) per annum, and more than half his professional labors were acts of charity; he was then, and remains to-day the representative man of his time. Imbued with the gentle spirit of charity he does not even find fault with his brethren for their heroic measures of which he disapproved, but turns his arrows against himself, and in four lines of doggerel pierces their vitals through his own body—

"When patients comes to I,  
I physics, bleeds and sweats 'em;  
And, if they choose to die,  
What's that to I,—I lets 'em.—"  
(I Lettsom.)

I believe it will not be disputed that these words come so near home in time and place as to apply to some of our younger brethren to-day. And without enlarging unnecessarily on this head, I most fearlessly assert that the verdict of every leading man of learning of the old school who has had independence and moral courage enough to speak out on the subject, from Lettsom, of London, in 1770, to Speer, of Ohio, in 1882, has been summed up in the words of the latter—"To-day we are almost as ignorant of the action of medicine on disease as we were one hundred years ago." But why need we multiply instances of this character, when they are within the reach of every reader by hundreds, and when it is generally admitted and set down in works of practice by such men as Ringer, of University College, London, that every step in the healthy advancement of allopathic practice is on data furnished by Hahnemann, ratified, extended, and demonstrated by thousands of learned men in every land, who have dared to break away from the venal bondage of the apothecary's shop, and put the SMALL DOSE, on which there is no commission, to the test at the side of the sick man's bed.

And as this "small dose" has supplied our friends with such a vast fund for ridicule—taken by the vulgar as argument—these creatures of habit and cram, for whose credulity no ancient absurdity is too crude, no modern fanaticism too contemptible to swallow—I shall devote the concluding lines of this paper to the "Infinitesimal."

Let us then compare the action of the small dose, or "the globule," if you will, with the workings of the laws of nature, science, and art, and see how the analogy stands—whether in favor of the large or the small dose. In other words, how do these great powers or forces produce their effect?

Accompany Nature into the forests; there examine her greatest efforts in the vegetable and animal creation: the oak, the wellingtonia, the giraffe, the elephant. How have they acquired their existence and their vast proportions? Was it not first from a minute atom, as the life-germ in each case, and by the addition and accumulation of one infinitesimal atom to another from the earth and the air in the one, and the like addition from digested food in the other? And these atoms so small as to defy microscopic power. Need we give further examples to the thinking reader? Cannot our principle be tested on every living object that exists by virtue of vegetable or animal life and nourishment? Begin with the lily or the rose in your garden; study your infant in the nursery, the puppy in the kennel, the filly and calf in the paddock—one law pervades their introduction to life, their full development

—the law of the infinitesimal! And if you desire the truth in this connection, ask where any effect has been produced by crude, ponderous, palpable volumes of matter heaped one upon the other? You ask in vain; Nature is not the clumsy botch of heroic doses and proportions in the manipulations of her vast and mysterious results.

It is undeniable that matter in some of its conditions is concerned in producing light. How large are these particles? They fill all space, and move at the rate of 192,000 miles in a second; or, if the production of light depends on undulating or vibrating movement, it is still matter; and the number of undulations in a second, 727 billions in producing a violet ray of light! Who can determine the electric flash into its component atoms as they crash through the clouds, rend the oak, and fly, undetected by the keenest vision, from continent to continent, and from house to house, with the news of the world or the gossip of the mercer? Is the material wonder of sound less astonishing when the live thunders shake the spheres, or the keen listener in the whispering gallery hears the unspoken words from an extreme point of the circle? Yet particles of matter are and must be concerned in all these results.

Can we estimate the atoms escaping from a grain of musk as they diffuse themselves through a large apartment for a long space of time, so that every one in the room is sensible of their presence? How large are the atoms of malaria that escape from the marsh, from the masses of decomposing animal and vegetable matter and prostrate in living agony and wasted strength their victims? When these questions are answered then it will be easy to account for the curative effects of the homœopath's globule.

Again, does the engraver, the watch-maker, or the carver produce his wonders of beautiful workmanship and utility by heavy blows, and the removal of massive junks from the wood, iron or steel on which he labors? How does the portrait or landscape painter transfer the human image and the face of nature to his canvas? Is it with dashes from the house painter's brush? In the wide worlds of nature, science and art is the allopathic dose at the bedside of the sick man the exception only—out of harmony with all their active operations and wonderworking movements!

Now, in any given case of sickness, what is to guide the medical attendant, whether he "physics, bleeds or sweats him," or gives a Homœopathic medicine in small but repeated doses, in case of recovery? It may be said the latter amused his patient till nature performed a cure; and of the former, that he punished the sick man till mother nature snatched him from his grasp; and if it be claimed that repeated instances under similar circumstances amount to evidence of the effectiveness of the treatment, and that both are found equally successful, no one can deny that the patient who has only been amused has vastly the advantage of him who has been punished. It is, however, only a question of fact, that the small dose is, when properly administered, decidedly effective. No intelligent medical man has ever tested it fully without being made a convert to its use; and either privately or publicly turning it to his advantage. The public and private objurgations it come only from illiterate creatures of habit, whose existence depends on the the ignorance of the masses and on the apothecary's commission.

In conclusion I would remind these very learned and scientific men, who compose "The Alameda County Medical Society," that before they meet next to boast of "the ancient glories of their line," and to celebrate the first anniversary of that *Rara avis in terris*—"a convert from Homœopathy"—one, too, who has not had even a single word to say for himself, save to give a tacit endorsement to the assertion that he feigned belief in Homœopathy "knowing it to be a fraud and a humbug," and pretended to practice it for a number of years from mercenary motives—that it is not wise, nor dignified, nor charitable to use "hard names" which can be so readily shown to apply only to themselves in the same sense in which they try to apply them to others, to make themselves in some small degree conversant with the history of medical progress, not to venture strong, adverse opinions on subjects that admit of easy proof, till they have put them to the test of actual experiment. Thus they may greatly benefit themselves and their patients; and this surely is the doctor's mission in Alameda county, as well as in New York and London.



## HYDRANGÆA ARBORESCENS,

Partial proving of, by C. MUNSON, M.D.,

A description of this shrub can be found in the *United States Dispensatory*. The medical properties are extracted from the root, and has been used as a remedy in calculous complaints. It was this which attracted my attention to it. In presenting the following, I do so with the hope that a more complete proving may be made of it, and that in it we may find another valuable addition to our materia medica.

The following are the principal symptoms produced by taking one hundred and eighty drops of the mother tincture in ten and twenty drop doses, at intervals of six hours, for seventy-two consecutive hours, the tincture being made by myself. Severe frontal headache, with vertigo; twitching of the scalp; flushed face; roaring in the ears; slight palpitation of the heart, with full, slow pulse; bad taste in the mouth; tongue, heavy, white coating; oppressed feeling in the chest; larger bronchi seem full of mucus; expectoration of quantities of mucus without difficulty; fulness of the stomach, with sensation of coldness; no thirst; vomiting of glairy mucus; sharp, stinging pain in cardiac region of stomach; loss of appetite; cannot retain food; severe pain in lumbar region, better when moving around; urine of dark color; burning in the urethra when urinating, with frequent desire to urinate; urine hard to start, but flows fully after starting; heavy deposit of mucus in the urine; sharp pain at times in the loins. On the evening of the 3rd day, passed bloody urine. After ceasing the medicine the symptoms gradually subsided, and in a few days had disappeared, with the exception of irritation of kidneys and bladder, which lasted for some time.

## EDITORIAL.

THE Hahnemann Medical College of San Francisco is an accomplished fact—on paper, and in the intentions of earnest and live men. The last meeting of the directors gave assurance that the foundations of the new college will be broad and deep, and in sympathy with the best phases of our professional life, and will do honor to the cause. A committee was appointed to make an appeal to every Homœopathic physician on this coast, and also to enlist the sympathetic co-operation of influential laymen. This latter will certainly follow if we first do our duty. Every Homœopathic physician on this coast, and especially in this state, has a personal interest in this most important and far-reaching move. He ought to contribute his influence, and money and mental endowments to this object: his influence to bring general recognition to this new centre of homœopathy; his money to make it independent and self-supporting; and his intellectual aid to keep it free from all narrowness and bigotry and professional axe-grinding. We all have a duty in this matter from which there is no escape; let us meet it enthusiastically and devotedly. Then the new college will be an honor to the cause; it will advance Homœopathy, and thus be of untold advantage to the community at large; and it will take its stand among its sister colleges throughout the land—their peer—and form another star in the galaxy of luminaries that spread the light and truth of the law of cure, *Similia similibus*.

The following appeal is issued by the committee appointed by the Directors of the Hahnemann Medical College of San Francisco, to which we gladly give space, hoping the response thereto will be prompt and worthy of it.

SAN FRANCISCO, July 10th, 1883.

DEAR DOCTOR: In the interests of Homœopathy on the Pacific Coast, it has been finally decided to establish a Medical College in this city, to be opened in June of the coming year, and which shall be known as the Hahnemann Medical College of San Francisco.

In order that the institution may be based upon a firm and substantial foundation, it has been deemed advisable by the undersigned directors that a stock combination shall be formed with a capital of \$25,000—in shares of \$100 each—with the understanding that until the whole amount of \$25,000 has been guaranteed by subscription, no claim shall be made upon subscribers.

In case that the whole amount asked for is subscribed, 10 or 20 per cent. will be all that will be required on subscription for the first year.

Trusting that the course adopted by the directors will meet your approval, they earnestly appeal to you for your hearty co-operation, and substantial proof of your endorsement in a subscription worthy of a good cause and the medical profession on this coast.

Please return at your earliest opportunity, to the Secretary of the Hahnemann Medical College of San Francisco, Dr. W. E. Ledyard, 209 Powell Street, San Francisco, the enclosed blank for the number of shares with which you desire to help on the good work.

Fraternally yours,

J. N. ECKEL, M.D.,  
W. E. LEDYARD, M.D.,  
G. H. PALMER, M.D.,  
C. B. CURRIER, M.D.,  
J. A. ALBERTSON, M.D.,  
H. C. FRENCH, M.D.,  
F. E. J. CANNEY, M.D.,  
WM. BOERICKE, M.D.,  
F. F. DE DERKEY, M.D.

C. B. CURRIER, } Committee.  
WM. BOERICKE, }

Dr. C. W. BREYFOGLE's article, in the last number of the HOMŒOPATH, on the policy of the profession, brought forth several replies which, however, we cannot republish for want of space; but we gladly insert Dr. Breyfogle's general reply for the present, hoping that in a future number the matter may be treated more fully.—ED.

"SAN JOSE, July 9th, 1883.

"DEAR DR. BOERICKE: I thought I knew how to write so as to make myself understood! In my article on the policy of the profession, in your last number, I begged for an era of peace against the senseless tirades which are continually hurled by either medical school against the others. I claim that they are useless for good; pregnant with hatred, misrepresentation, and violence; and that calm investigation is retarded thereby. I claim that steadily attending to our own business, and making and keeping all the converts we can, is the best way and the most manly way, and the only legitimate way, of advancing the cause of Homœopathy. Further, I claim that the progress thus far attained, a progress of which we are all so proud (and we have great reason to be proud), has been brought about solely by this.

"I want no allopathic consultations. I simply want the good men in the old-school ranks to be forced to look into our system. I have passed the point where to be called irregular, little pill doctor, quack, makes any impression upon me. I have not ceased to hear such, but I point to a clientage which includes some whose change has called forth the words; and I am rather proud to hear the epithets, for they are always found based in envy and hurled at success.

"I want to see our profession contravert this if they can. But I respectfully protest against any such misunderstanding of my words as shall indicate that I am ready to bow the neck to the old school, or to relax one single tenet of a creed which I believe to be founded in such truth as to make it God-given.

Fraternally yours,

"C. W. BREYFOGLE."

## HOMŒOPATHY PRACTICALLY ILLUSTRATED.

## Megrim, of several days duration, Cured with Pulsatilla.

By DR. J. C. RAYMOND, Oakland.

Patient, a female; married; complexion, light; hair, brown; and eyes, blue; no fever. Pain in the right side of the head, extending from the temple to the occiput. Pain constant; at times as if the head would burst; at other times pulsation, unbearable. The pain, when it reached its utmost intensity extended into the right ear. Pain aggravated in the evening, and at night when lying down. She was obliged to get up at four o'clock in the morning, walk slowly, and apply cold water with a sponge to the affected side, to get temporary relief. A few doses of pulsatilla 6 1-100 in the form of pellets, cured the disease.

## Pareira in Renal Colic.

By J. C. RAYMOND, M.D.

Mrs. G., was first sick with hæmaturia, which continued four days. Cured by cantharis and cannabis. One or two days after, was attacked by the most violent pains in the left lumbar region, extending down the course of the left ureter to the groin, attended with difficulty in urinating. The pains were so intense the patient could not refrain from crying out. Pareira-brava was selected as the appropriate remedy; a small powder of the 3 1-100 attenuation was dissolved in a glass two-thirds full of water, and a teaspoonful given every fifteen



minutes. As soon as the pain began to abate, the remedy was continued at longer intervals. No other medicine was required to cure the disease.

From the reports of cases in the *British Journal of Homœopathy*, Vol. 33, article Pareira-brava, this medicine is the most efficacious one known to Homœopaths for the cure of renal calculi and renal colic. Also in cases of gout and rheumatism with uric acid in excess in the urine, it is one of the most efficient remedies.

#### Vertigo.—Rhus Tox.

By J. MARTINE KERSEAW, M.D.

Mrs. S.—consulted me some time since in regard to a peculiar and very distressing vertigo with which she was afflicted. She had been confined some months before, but in consequence of a great deal of anxiety had never entirely recovered her health. The flow which naturally followed the labour never entirely ceased, and at times amounted to severe hemorrhage. As a result of this constant drain she became very anæmic, ate little, and was sleepless. Vertigo of a peculiar character developed at this time, and was a pronounced and constant symptom. *Whenever lying or sitting quietly*, vertigo of an extreme character became manifest, which *only passed away on rising and walking for a few moments*. While she continued to walk or exercise, no dizziness was experienced; but as soon as she became quiet again, the vertigo returned. During all this time the hemorrhage, as already remarked, continued. The prominence of the key-note of *Rhus tox.*—*relief on motion*—caused me to give the remedy mentioned. I prescribed the third dilution, two teaspoonfuls every one half hour for five times; then every two hours. In twenty-four hours the flow had ceased, and likewise the vertigo, nor has it returned to this day. I had forgotten to say that on the recommendation of a friend the patient had taken *China* <sup>3x</sup> for several weeks but without effect. I deem this a cure made in strict accordance with the homœopathic law of *similia*. The patient's mode of living was not changed, nor was any palliative measure employed. She received but the remedy mentioned, and nothing else. Now, although I believe that patients of this class should be built up by means of stimulants and good food, I do not believe that any remedy or means but the one used could have brought about so satisfactory and permanent a result in so short a time as that in the case just recorded.

#### A Belladonna Case.

By DR. BOERICKE.

Patient had been sitting up a great deal, watching at bedside of a sick friend, and as a "tonic" had taken *nux* and spirits. Neuralgic pains showed themselves, and gradually the whole brain was sore, especially the right half. The right eye-ball could not be moved towards the right without severe pain. Ringing noise in right ear. Pain increased by shaking the head and by pressure. It was worse in the afternoon from 2 P. M. to 2 A. M. Memory impaired. The head had been under electrical treatment for several weeks, which relieved him for the time being, but the pain always returned. *Belladonna* 200 cured him in a few days permanently.

#### Drosera in Whooping-Cough.

By DR. SKINNER.

Cough came on in paroxysms; was worse after midnight, attended with very severe gagging, and frequently vomiting off the contents of her stomach. *Drosera* 4, every four hours, very soon put an end to the cough, as if by magic, and left not a trace behind. If there is a key-note to *drosera* in whooping-cough, it is the gagging, with paroxysmal cough, worse after midnight, with or without vomiting of a recent meal from the severity of the cough.—[*H. World*.]

#### A Badiaga Case.

By DR. J. G. BELL.

Since a nervous attack, five months past, a kind of insanity with ecstasy and despair of salvation, his heart troubles him. Any exciting or elating thought causes palpitation more than emotions. *Indescribable bad feeling about and below the heart*, with soreness and pains, flying stitches all over. *Badiaga* cured.

#### Drosera 500 in Whooping-Cough with Hæmaturia.

By DR. SKINNER.

Girl has been suffering for some weeks from whooping-cough, with blood-red urine. Cough came on in paroxysms or fits all day, but worse after midnight. Expectoration yellow at each fit, and accompanied with gagging. One remarkable symptom was always present, namely, blood-red urine, which, under the microscope, revealed loads of red blood-corpuscles, and, when boiled, coagulated freely. *Drosera* was well indicated as far as the cough was concerned, but the pathogenesis says nothing about blood or albumen in the urine. I believe it will still be found that hæmaturia is capable of being induced by *drosera*, because it removed it at once in this case. After *drosera* 500, every four hours, cough much better and hæmaturia gone.

#### CLINICAL ITEMS.

**Baryta.**—Not only does the symptomatology of *baryta* correspond closely with that of cerebral atrophy, but the clinical evidence in its favor is by no means inconsiderable. It has been found to be especially adapted to the physical, mental and nervous weakness experienced in these cases, and to be equally suited to the atrophy of children; the strumous dyscrasia associated with it, and the paralysis of old people, especially when produced by apoplexy.—[*Dr. C. P. Hart*.]

**Viscum Album**, according to Dr. Zöppritz, the editor of the *Monats-Hefte für Homœopathie*, is the most reliable external remedy for acute rheumatic pains. Use the mother tincture, and rub the parts with it. For its internal use see indications in No. 2 of the HOMŒOPATH.

**Osmium**—Deep, hollow, low cough, seemingly coming from low down in the body. Varicocele produced by such a cough.

**The Glycerole of Hydrastis** is used with great advantage in cases of intertrigo, sore nipples, and ulcerated surfaces. While *arnica* seems specific for contusions with extravasation, and *calendula* for incised or lacerated wounds, even when unhealthy suppuration ensues. *Hydrastis* seems the best remedy for chronic ulcers, arising from either of the above causes, or from burns, scalds, or some disease of the skin. *Pruritus ani dependent upon or associated with excoriations, cracks, or fissures.*—[*Hahn. Monthly*.]

**Borax** has been used successfully by Dr. McClatchey, in "branny tetter," psoriasis. The potencies employed were the 3x 6 and 12th.

**Graphites** is neglected in spinal disease. It is applicable to both sexes, to the male with impotence, to the female who, though obese, is anæmic, with profuse leucorrhœa, and weak back, menses delayed and scanty. The limbs go to sleep readily, and walking is difficult from muscular weakness. Sudden sinking of strength. Throbbing of the blood vessels; rush of blood to the chest and head, but not from true plethora.

**Arctium Lappa** causes and cures pains in the hands, knees, and ankles, extending from their several origins downward to fingers, toes, etc. Pains in all points. Rheumatism.—[*Dr. Mercer*.]

**Baptisia.** Oesophagus feels constricted from the pharynx to stomach, aversion to open air, can swallow liquids only. (Inability to swallow solids also under nat. mur. nit. ac. plumb.)

**Calcarea** in Neuralgia—Pain from right mental foramen, along lower jaw to ear, attended with frequent irritation, worse from cold air, and better from warm air and warm applications (verified).—[*Raue*.]

**Pelletierinum** (from bark of root of pomegranate), a tasteless remedy for tapeworm. Dose twenty grains, followed by tablespoonful of castor oil.

**Zizia Aurea**, according to Dr. Farrington, has aggravation during sleep. He verified the symptoms: Spasmodic movements of the muscles of face and right arm and leg; spasmodic twitchings and restlessness during sleep. The aggravation during sleep is an exceedingly important modality, distin-



guishing the zizia from mygale and the oft-used agaricus, the latter of which has jerking, &c., on going to sleep.—[Trans. of A. Inst.]

**Natrum Mur.** in whooping-cough. When watering from the eyes, particularly when "the tears stream down his face whenever he coughs," is a prominent symptom. **Nat. M.** will be found to cure, according to Dr. Burnett in *Hom. World*.

**Cantharis** is recommended for gastritis and hepatitis, when there is great burning in the stomach and in hepatic region. In these troubles, as in others, there is great similarity to arsenic. In gastric, hepatic and abdominal complaints, aggravation from drinking coffee is a sure indication for cantharis. [Dr. McGeorge, in *Hahnemann Monthly*.]

**Scrophul, nodosa, 1x**, and conium in 1x or 2x are suggested for the distressing photophobia which accompanies iritis.

#### NOTES, PERSONALS, ETC.

THE meeting of the Board of Directors of the California State Medical Society of Homœopathic Practitioners was held at Dr. Eckel's office, June 15th. The place of Dr. H. H. Ingerson, recently deceased, was filled by Dr. Wm. Boericke, who, also, was chosen Secretary. A report will be prepared for the next meeting of the Society.

WE clip this from a Sacramento paper: "Dr. Pinkham has purchased the property known as Dr. Dixon's place, Eighth street, between H and I, and has removed there. Dr. Pinkham came to Sacramento about two years ago and has succeeded in getting a large and lucrative practice."

AMONG good locations for Homœopathic physicians, remember *Modesto, Redwood, and San Luis Obispo*. Apropos, about Modesto, Dr. W. H. Rice, who established a good practice there, would like to exchange with another M.D., as the climate of Modesto is too warm for him.

Dr. L. E. CROSS writes to us of a good opening at *Hill's Ferry*, Stanislaus County, California. The principal doctor in the neighborhood having died, "if an active man of the Homœopathic school should come here, having ability and grit to hold on until acquaintances and confidence could be established, he could have all the practice he could possibly attend to."

CHAS. P. HARRIS, Hill's Ferry.

MR. E. A. SCHRECK, of the firm of Boericke & Schreck, sailed on July 7th for Los Angeles. Mr. Schreck has been very hard at work ever since he took charge of the pharmacy, and is in much need of a change and rest. He will call on our Homœopathic friends in that part of the State.

#### Hahnemann Medical College.

Pursuant to the call of the Secretary, the Board of Directors of the Hahnemann Medical College, of California met on June 26th. Present: Drs. Eckel, Palmer, Ledyard, Currier and French. Drs. C. B. Currier and Wm. Boericke were elected to fill the vacancies occasioned by the demise of the President, Dr. H. H. Ingerson, and the resignation of Dr. Ely. Dr. Eckel was elected to fill the unexpired term of the late lamented President. A committee of three, consisting of Drs. French, Palmer and Eckel, were appointed to draught resolutions commemorative of our departed and highly esteemed brother, Dr. H. H. Ingerson.

After an exhaustive discussion of the subject, in all its relations it was unanimously resolved to inaugurate the first term of lectures of the Hahnemann Medical College of San Francisco in June, 1884.

The amount of stock and size of the shares will be determined upon in the near future, and the Directors feel confident that, when offered, the shares will be proudly and eagerly taken by the Homœopathic profession throughout the Coast.

F.

#### OBITUARY NOTICE.

Died, in San Francisco, of endocarditis, consequent upon an attack of inflammatory rheumatism, DOCTOR HIRAM HARVEY INGERSON, aged forty-seven years.

The sudden and wholly unexpected decease of our professional brother was a shock to every one. None of us thought that he, just in the prime of life, in the midst of a busy and eminently useful career, trusted and respected on all sides, should so suddenly be taken away. But he had never learned to take a rest. Day and night, summer and winter, in all sorts of weather, he was constantly on his round of visits or attending to the numerous office calls of a very large practice. And the strain, so continuous and unrelenting, proved too much, and when the opportunity came he succumbed suddenly and unexpectedly. Dr. H. H. INGERSON was a native of Vermont, born in Morgan, Orleans County, on February 19th, 1836. He began the study of medicine in 1857, with Dr. C. B. Darling, and attended lectures at the University of Vermont, and also at the Homœopathic Medical College of Pennsylvania, at which institution he was graduated in 1860. He then commenced the practice of medicine in Fonda, New York, where he was the first to introduce homœopathy. He remained there until July, 1861, when he entered the military service as surgeon of the 115th New York Volunteers, a position which he filled with marked ability for about two years, when he was compelled to resign on account of ill health. After regaining his health he resumed his professional work, and in 1871 came to California, settled in Sacramento, but after two years removed to San Francisco, where he established a most extensive and lucrative practice. His time and strength were given exclusively to his patients, which prevented his active engagement in more general professional work, though he was always interested in the welfare of our institutions, and did everything in his power to further the interests of our cause. Dr. INGERSON was pre-eminently a large-hearted man. His very shortcomings were exalted or misguided virtues. Nothing was more characteristic of him than his ready, unflinching friendliness towards all with whom he came in contact, and for those who sought his professional aid he always gave a genuine sympathy that expressed itself in thoughtful and well directed helpfulness. He was thus the ideal family physician. Those whose privilege it was to have been more closely associated with him treasure most of all his strong faith in the rule of justice and right, and his unflinching loyalty to that faith that brought his own actions under its rigorous sway; and, again, his generous nature that never judged harshly, but was ever ready to suggest explanations for the apparent or real shortcomings of others; and most characteristic of all was his untiring devotion to his work, not with a view to recompense, but unquestioning, indiscriminating, he would go at all times wherever needed, unwisely, to be sure, for his own physical well being, but just as an expression of his life's love, and he could not otherwise. That he has been removed to a sphere of life capable of furnishing fuller opportunities for the exercise of such unselfish devotion to the good of others, without the unavoidable, resisting limitations and wear and tear of this world of bread and butter, has ever been the expression of his faith, as it is of ours, and we are happy in it.—Ed.

#### NOTICE.

Since the Death of my Partner,  
DR. H. H. INGERSON,

I have changed my office hours to  
9 to 10 A. M., 4 to 6 and 7 to 8 P. M.

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